

Helix Booster Club
Request for Funds

Date: _____

Name: _____

Organization: _____

Address: _____

City, State, ZIP: _____

Amount Requested: _____

Total Cost of Event (camp, trip, sports fee, etc.): _____

Brief Description of Event and Funding Need:

The Helix Booster Club **REQUIRES** proof of payment, i.e. receipts, statement, etc., before request will be approved and/or payment issued.

Signature of Representative: _____

Make Check Payable to: _____

Address (if other than listed above) _____

For official Booster Club use only

Approved _____ Denied _____ Date _____

Amount Approved: _____

Signature of Booster Club Representative: _____

Paid – check # _____ Date _____